

## State of Washington

PECEIVED For Ecology Use

OCT 1 3 2006 Fee Paid \_\_\_\_\_

Application for a Water Right tment of Ecology

Please follow the attached instructions to avoid unnecessary delays.

ime_C	Lyde	. ~	ORB	Y	]	Home Tel:(3	60)8	35-	2305	
ailing Ado	lress 37	777 A	ddy	ST #	34	Work Tel:(	)	R	etired	
				Zip+4 <b>986</b>						
	2. CONT		ERSON	TO CAL	L ABOU	T THE A	PPLI	CATIO	)N	
me			A 100 A		1	Home Tel:(_	)			
iling Add	dress					Work Tel:(	)			
				Zip+4						
ationship	to applican	t								
SCRIPT ficient.	ION OF TH	HE PLACE	OF USE.	er source or I	tions.) NO	TE: A tax pa	rcel nun	nber or a	plat number	is no
Check	if the water	use is propo	osed for a s	d in acre-feet short-term pro	ject. Indic	ate the period				
Check	if the water	use is propo /5/o	osed for a s	short-term pro	apect. Indicate AND AMON	ate the period	c s s s s s s			
Check ection SURFA fame the value, etc. I	From _/  4. WATI  CE WATE  water source	use is proportion of the second secon	To 3/ RCE e if stream, med spring	short-term pro	igect. Indicate AND AND N	each yeurion	c - S - S - S - S - S - S - S - S - S -	ime a		
Check Section SURFA Jame the value, etc. I	From _/  4. WATI  CE WATE  water source if unnamed, vic.: 4177/8	use is proportion of the second secon	Te stream, med spring	short-term pro	If GROU	ate the period  Each yea  Th's Each  JNDWATE	R	ime a	KOONT O	
Section  F SURFA  Jame the value, etc. I I tream," etc. I dource flow	From _/  From _/  4. WATI  CE WATE  water source if unnamed, c.:/_///  c.:/_///  diversions:  ws into (named)	use is proportion of the propo	To 3/ RCE  e if stream, med spring To Sa. R 10	short-term pro	If GROU	Each Scaling Each Each Scaling Each Each Scaling Each Each Each Each Each Each Each Each	R	ime a	KOONT O	
Check Section  E SURFA Tame the vake, etc. If the course flow Control Content the	From _/  4. WATI  CE WATE  water source if unnamed, v. c.: 4177/6  diversions: ws into (named)  Non bill  ON  north-south	use is proportion of the control of	e if stream, med spring	short-term pro	If GROUA permit	Each years of this Each years and the period of well(s	R (5):	we	ROONT O	€ 7
Check Section  E SURFA Tame the vake, etc. If the course flow Control Content the	From _/  4. WATI  CE WATE  water source if unnamed, v. c.: 4177/6  diversions: ws into (named)  Non bill  ON  north-south	use is proportion of the control of	e if stream, med spring	short-term pro	If GROU A permit	Each years of this Each years and the period of well(s	R  Signature of the second of	we we withdraw	ell(s).	← 7
Check  Section  F SURFA  Jame the value, etc. Interest, etc. Inter	From _/  4. WATI  CE WATE water source if unnamed, v. c.: 4/77/6  diversions: ws into (named) north-south orner:  // of	and indicate write "unnar and indicate write "unnar and indicate write "unnar and and ast-w	e if stream, med spring RIV	short-term pro	If GROU A permit Size & de	INDWATE is desired for well(s	R  ion or v  If loca  Let	we we we withdraw	ell(s).	← 7
Check Section  F SURFA Iame the value, etc. I tream," et Iumber of ource flor OCATIO Enter the ection co	From _/  4. WATI  CE WATE water source if unnamed, v. c.: 4177/6  diversions: ws into (named) north-south orner:	and indicate write "unnar and indicate write "unnar and indicate write "unnar and and ast-w	e if stream, med spring RIV	short-term pro	If GROU A permit	INDWATE is desired for well(s	R  If loca  Let	we we withdraw	ell(s).	← 7
Check Section  f SURFA Name the wake, etc. Intream," etc. Number off Confidence flow Confidenc	From _/  4. WATI  CE WATE water source If unnamed, y c.: 4/77/8  diversions: ws into (named)  north-south orner:  4 of	use is proportion of the color	rosed for a second osed for a	short-term pro	If GROU A permit  Size & de	INDWATE is desired for well(s	R  ion or v  If loca  Let	we we we withdraw	ell(s).	← 7

Appl. No.: 52-30373

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named:	
В.	Briefly describe your proposed water system. (See instructions.)	
	To water camp site 200'd 4 100'	
	To water camp site 200'by 100' For Greed grass. of fire protect	10 N
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	□ YES 💆 NO
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORM ompleted for all domestic/public supply uses.)	
A.	Number of "connections" requested: Type of connection (Homes, Apartmen	· D · · · · · · · · · · · · · · · · · ·
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems a County Health Department.	LI YES LI NO
Con	iplete C. and D. only if the proposed water system will have fifteen or more c	onnections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version.	☐ YES ☐ NO of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version	☐ YES ☐ NO of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	4. Subject 1. Subject
A.	Total number of acres to be irrigated:	
В.	List total number of acres for other specified agricultural uses:	
	UseAcres	
	UseAcres UseAcres	
C.	Total number of acres to be covered by this application:	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no:     </li> </ol>	☐ YES ☐ NO☐ YES ☐ NO
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattl Dairy - # Milking # Non-milking	e, see below)

## Section 8. WATER STORAGE

Will you be using a	dam, dike,	or other structure	to retain or store	water?
---------------------	------------	--------------------	--------------------	--------

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

approximent, term the 2 of at timent of 200108/	
Section 9. DRIVING DIRECTIONS	
Provide detailed driving instructions to the project site. TOTH OSE WA ON COOK - UNDER WOOD RD, NOTTY TO BROWN WILLIAMS RD 3MI TO FROM WILLIAMS RD 3MI TO GATE OU LETT CAMP 13 960UT	SF OF STATE HIWAY 14 ATC MILLA 3MI TOON LOFT
TO GATE OU LEST CAMP 13 about	willard go NOYTH HMILES 1/2 Miles TO CAMP From G
Section 10. REQUIRED MAP	
A. Attach a map of the project. (See instructions.)  See Map ON back of COUTMAC	Tagreenent.
Section 11. PROPERTY OWNERSHIP	
A. Does the applicant own the land on which the water will be use If no, explain the applicant's interest in the place of use and pro-	
Frankeczeation USE Broughton Lumber Co. 92	
UNGERWOOD, Wash, 98651	5 John STEVENSON
B. Does the applicant own the land on which the water source is leaf no, submit a copy of agreement:	ocated?
I certify that the information above is true and accurate to the best to process my application, I grant staff from the Department of Econonitoring purposes. Even though I may have been assisted in the employees of the Department of Ecology, all responsibility for the a	ology access to the site for inspection and preparation of the above application by the
Applicant (or authorized representative)  Brok g to D LUMBEY CO  Landowner for place of use (if same as applicant, write "same")	10-1-06 Date
Landowner for place of use (if same as applicant, write "same")	Date

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested	d above and return your a date).	pplication by
		*
Ecology staff	Date	

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

**APPLICATION** 

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.